

**Kidney and Urologic Diseases - Incontinence (Urinary)**  
Summary of Methods and Data for Estimate of Costs of Illness

- |  |                                    |
|--|------------------------------------|
| 1. Estimated Total Economic Cost   | \$ 26.3 billion                    |
| Estimated Direct Cost  | \$ 12.5 billion                    |
| Estimated Indirect Cost  | \$ 13.8 billion                    |
| Reference Year   | 1995                               |
| IC Providing the Estimate  | NIA                                |
|  |                                    |
| Direct Costs Include: Other related nonhealth costs  | No                                 |
| Indirect Costs Include:  |                                    |
| Mortality costs  | No                                 |
| Morbidity costs: Lost workdays of the patient  | No                                 |
| Morbidity costs: Reduced productivity of the patient   | No                                 |
| Lost earnings of unpaid care givers  | No                                 |
| Other related nonhealth costs  | Yes                                |
| Interest Rate Used to Discount Out-Year Costs  | Not used                           |
| 2. Category code(s) from the International Classification of Diseases, 9th Revision, Clinical Modification,(ICD-9-CM) for all diseases whose costs are included in this estimate: <u>788.3.</u>  |                                    |
| 3. Estimate Includes Costs:  |                                    |
| Of related conditions beyond primary, strictly coded ICD-9-CM category   | Yes                                |
| Attributable to the subject disease as a secondary diagnosis   | No                                 |
| Of conditions for which the subject disease is an underlying cause   | Yes                                |
| 4. Population Base for Cost Estimate (Total U.S. pop or other)   | Age 65+                            |
| 5. Annual (prevalence model) or Lifetime (incidence model) Cost:   | Annual                             |
| 6. Perspective of Cost Estimate (Total society, Federal budget, or Other)  | Total Society                      |
| 7. Approach to Estimation of Indirect Costs  | Direct costs of related conditions |
|  |                                    |
| 8. <u>Source of Cost Estimate:</u> (Reference published or unpublished report, or address and telephone of person/office responsible for estimate) Wagner, Todd H., Hu, Teh-wei, "Economic Costs of Urinary Incontinence in 1995", Urology, Vol. 51, No. 3 (1998). |                                    |
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| 9. <u>Other Indicators of Burden of Disease:</u>   |                                    |

Urinary incontinence is an important health care problem. It takes several forms and strikes for a various reasons. For example, it is often found in people with diabetes, stroke, dementia, Parkinson’s disease, or multiple sclerosis. The impact of urinary incontinence is devastating. It’s consequences include pressure sores, skin and urinary tract infections and falls. In addition, sufferers often experience sleep disturbances, restricted social lives, reduced sexual activity, loss of self esteem and depression. Employment may become difficult or impossible, and the burden for caregivers is substantial.

Estimates of the occurrence of urinary incontinence depend on the nature of the study population and definition of the disorder. Prevalence rates range from 8 to 51 percent; an estimate of 15 to 30 percent for community-dwelling older persons seems reasonable, and of

these, 20 to 25 percent may be classified as severe. Prevalence rates are twice as high in women as in men, and are higher in older than in younger adults. In the study cited here, it was estimated that 7.4 million elderly individuals suffered from urinary incontinence in 1995. This figure included 6.3 million community-living persons age 65+ and 1/6 million elderly living in nursing homes. At least 50% of nursing home residents are incontinent.

#### 10. Commentary:

This estimate is based on the direct health care cost relating to urinary incontinence in 1995 prices and on the costs of direct consequential conditions. Direct health care costs of incontinence begin with diagnostic and medical evaluation, and include costs of treatment, routine care, and rehabilitation and/or therapy. Estimates for indirect costs, include treatment for skin irritation, urinary tract infections, and related falls and costs of additional admissions to institutions and increased lengths of stay in hospitals. Costs also include attributable costs of informal community caregiving.